U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E . Q. H	
1. File Number U -	2. Fiscal Year Covered From:
The resident of the second of	1/1/04 Through: /2/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William B Chark Sr	Name Bricklayers Local #4 IN-KY
tudesision full partition of the state of th	Labor Organization File Number 526-781
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Rook HOV
Street 3715 Bardsfown Rd	Street 3715 Bardstown RD
_city _coisville	City LouiSville
State Kentucky ZIP Code + 4 40218	State Kentucky ZIP Code + 4 HO218
5. Position in labor organization. FIELD REACES ENTO-LIVE	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	<i>y</i> ~

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Siane

Willia B Clouby

On 📗

8-5-05 Date 502 / 451 - 4/494 Telephone Number

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

## **DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

lia B Clouby 8=5-05

e Date